P97000020057

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: _

800002099518---1 -02/27/97--01017--010 ****122.50 ****122.50

Enclosed is an original for: \$70.00 Filing Fee	and one (1) co \$78.75 Filing Fee & Certificate	py of the articles of xx \$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	and a d	:hecl	ζ
					97	
FROM: LANCE L. TE Name (2411 VAN PI		(printed or typed)		LAHASSEE, FI	FEB 27 All	FILED
	·	Address			κÞ	
	SEBRING, F	L 33870		A P	81	
	Ci	ty, State & Zip				
	(941-382-4 Daytime	587 Telephone number				

(Proposed corporate name - must include suffix) .

TAILWINDS, INC.

NOTE: Please provide the original and one copy of the articles

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLEI NAME

The name of the corporation shall be: TAILWINDS, INC.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2411 VAN PELT ROAD SEBRING, FL 33870

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

LANCE L. TRUAX 2411 VAN PELT ROAD SEBRING, FL 33870

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LANCE L. TRUAX 2411 VAN PELT ROAD SEBRING, FL 33870

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

21ST	day of	FEBRUARY	, 19 <u>97</u>	
	_	Sant	X Srup	
		<i></i>	Signature	
		•		
			Signature	-
			Signature	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Co	iporation is: LATEWINDS,	INC.
2. The name and add	ress of the registered agent and office is:	:
		91 IA
	LANCE L. TRUAX	
	(Name)	新 T
		LE 27
_	(P.O. Box or Mail Drop Box NOT AC	
	(i.o. Dox of Mail Diop Box 110p Re	<u> </u>
	SEBRING, FL 33870	19 ADA
-	(CITY/STATE/ZIP)	
corporation at the ple agent and agree to a relating to the proper	as registered agent and to accept set ace designated in this certificate, I hereb ct in this capacity. I further agree to co and complete performance of my duties witton as registered agent.	by accept the appointment as registered amply with the provisions of all statutes
Nay	(SIONATURE)	2/21/97 (DATE)